

Transportation Services

Effective Date: 07/01/2016

Updated: 06/20/2016

Ground ambulance – Basic life support

CODE	PROCEDURE	FEE
A0429	Base fee, basic life support, including one attendant, emergency transport	\$170.52
A0429-TK	Additional recipient	\$85.26
A0380	Loaded mileage, per mile or fraction thereof	\$3.83
A0422	Oxygen administered, including disposable supplies	\$19.71
A0424	Each additional attendant, only when required	\$36.65
A0384	Defibrillation, BLS	\$25.80

Ground Ambulance – Advanced life support

CODE	PROCEDURE	FEE
A0427	Base fee, advanced life support, including one attendant, emergency transport	\$249.72
A0427-TK	Additional recipient	\$124.86
A0424	Each additional attendant, only when required	\$36.65
A0422	Oxygen administered, including disposable supplies	\$19.71
A0390	Loaded mileage, per mile or fraction thereof	\$2.96
A0394	IV fluids and supplies	\$36.41
A0396	Esophageal intubation, including supplies	\$45.46
A0392	Defibrillation, ALS	\$25.80

Emergency air ambulance

CODE	PROCEDURE	FEE
A0430	Base fee, emergency air ambulance (fixed wing), including one attendant	\$1,417.87
A0431	Base fee, emergency air ambulance (helicopter), including one attendant	\$1,600.60
A0430-TK	Additional recipient (fixed wing)	\$708.94
A0431-TK	Additional recipient (rotary wing)	\$800.30
A0435	Loaded fixed wing air mileage, per air mile or fraction thereof	\$10.61
A0436	Loaded rotary wing air mileage, per air mile or fraction thereof	\$10.61
A0424	Each additional attendant, when medically necessary	\$36.65

Wheelchair transportation services

CODE	PROCEDURE	FEE
A0130	Wheel-chair van	\$18.85
T2005	Stretcher van	\$70.06
A0130-QM	Hospital transfer	\$27.33
A0130-TK	Additional recipient (wheel-chair van)	\$9.43
T2005-TK	Additional recipient (stretcher van)	\$35.03
A0130-QM-TK	Additional recipient (hospital transfer)	\$13.67
S0209	Loaded wheel-chair van mileage, per mile or fraction thereof (outside city limits)	\$2.01
T2049	Loaded stretcher van mileage, per mile or fraction thereof (outside city limits)	\$2.01

Community transportation services

CODE	PROCEDURE	FEE
A0100	Taxi (one way trip)	\$3.21
A0100-TK	Additional recipient (taxi)	\$1.61
A0120	Mini-bus or other transportation system, in city (one way trip)	\$3.21
A0120-TN	Mini-bus or other transportation system, outside city (one way trip)	\$4.66
A0120-TK	Additional recipient (in city mini-bus)	\$1.61
A0120-TN-TK	Additional recipient (outside city mini-bus)	\$2.33
A0425	Loaded mileage, per mile or fraction thereof	\$0.71

Recipient, escort, volunteer driver, or non-profit service organization.

SERVICE	FEE
MILEAGE	
Mileage	\$0.37 per mile
OVERNIGHT - <u>NO LODGING</u>	
In-State	<i>Rate Effective: July 1, 2015</i> \$26.00 per day*
Out-Of-State	<i>Rate Effective: July 1, 2015</i> \$26.00 per day*
OVERNIGHT - <u>WITH LODGING</u>	
In-State	<i>Rate Effective: January through May and September through December</i> \$81.00 per day*
In-State	<i>Rate Effective: June through August</i> \$96.00 per day*
Out-Of-State	<i>Rate Effective: January through December</i> \$101.00 per day*
*An additional \$26.00 per day will be paid for medically necessary escort, except when the recipient in an in-patient, in a hospital or medical facility.	
Rule Change: Overnight rates are reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment resulting in an overnight stay.	